

PUBLIC VOUCHER FOR PURCHASES AND
SERVICES OTHER THAN PERSONAL

D. O. Vou. No. _____
Bu. Vou. No. 679

U. S. COST REIMBURSABLE
(Department, bureau, or establishment)

Voucher prepared at _____
(Give place and date)

THE UNITED STATES, Dr., Payee's Account No. _____

To _____
(Payee)

PAID BY
ENCL #14
SAPC 13753
COPY 1 OF 2

No. and Date of Order	Date of Delivery or Service	ARTICLES OR SERVICES (Enter description, item number of contract or Federal supply schedule, and other information deemed necessary) Discount Terms	QUANTITY	UNIT PRICE		AMOUNT	
				Cost	Per	Dollars	Cts.
		Costs FOIAb3a					
		FOIAb3b					
Use continuation sheet(s) if necessary							

PAYMENT:

Complete ☐
Partial ☐
Final ☐

Shipped from _____ to _____ Weight _____ Government B/L No. _____ Total _____

I certify that the above bill is correct and just and that payment has not been received.

(Sign original only)

Date 2-28-57 *Payee _____
(not required when a like certificate is made by payee on attached bill or bills)

Per _____ Title _____

(Payee must NOT use this space)

Differences _____

Amount verified; correct for
(Signature or initials) JMA

Contract No. A101 Date _____ Req. No. _____ Date _____ Invoice Rec'd.

Pursuant to authority vested in me, I certify that this account is correct and proper for payment.

† Approved for \$ _____

† _____
(Authorized Certifying Officer)

By _____

SIGN
ORIGINAL
ONLY

Title _____

Title _____ Date _____

THE REVERSE OF THIS FORM MUST BE EXECUTED WHEN PURCHASES ARE MADE OR SERVICES SECURED WITHOUT WRITTEN AGREEMENT IN ANY FORM

ACCOUNTING CLASSIFICATION (Appropriation Symbol must be shown; other classification optional)

Paid by { Check No. _____ dated _____, 19____, for \$ _____ (on Treasurer of the United States in favor of payee named above.)
Cash, \$ _____, on _____, 19____ Payee _____
(Sign original only)

* When a voucher is signed or receipted in the name of a company or corporation, the name of the person writing the company or corporation must be written in the space provided for the signature of the payee.
† If the ability to certify and authority to approve are combined in one person, one signature only is necessary; otherwise the approving officer will sign on the line below "Approved for \$ _____", and over his official title.

Title _____

METHOD OF OR ABSENCE OF ADVERTISING

METHOD OF ADVERTISING

1. Advertising in newspapers Yes ☐ No ☐.
 2. (a) Advertising by circular letters sent to _____ dealers.
(b) And by notices posted in public places Yes ☐ No ☐.
- (If notices were not posted in addition to advertising by circular letters sent to dealers, explanation of such omission must be made below.)

ABSENCE OF ADVERTISING

3. Without advertising, under an exigency of the service which existed prior to the order and would not admit of the delay incident to advertising.
4. Without advertising in accordance with _____
5. Without advertising, it being impracticable to secure competition because of _____

(Here state in detail the nature of the exigency or circumstances under which the securing of competition was impracticable under 3 and 4)

NOTE.—The above form "Method of or Absence of Advertising" is to be used when purchases are made or services secured under proper authority without written agreement in any form. In case of a written agreement (formal contract, proposal, and acceptance, or less formal agreement) Standard Form No. 1036—Revised should be used for abstracting the method of or absence of advertising and award of contract. (See General Regulations No. 51, as amended.)

Services Other Than Personal

Sheet No. 1 of Bureau Voucher No. 679

U. S. _____ COST REIMBURSABLE
(Department, bureau, or establishment)

U. S. (Department, bureau, or establishment)		ARTICLES OR SERVICES (Enter description, item number of contract or Federal supply schedule, and other information deemed necessary)		QUAN- TITY	UNIT PRICE Cost Per		AMOUNT Dollars Cts.	
		Contract A101 - System III						
		Direct Costs Properly Chargeable to Contract A101 for the period 2/11/57 thru 2/24/57						FOIAb3a
		Research & Development			Production			Total
		Labor for the period 2/11/57 thru 2/24/57	FOIAb3a FOIAb3a					
		Overhead computed for Communications Division at interim rates as follows: Research & Development - Production -						
		Other Costs - per schedule attached						
		Total Labor, Overhead and Other Costs						
		G & A expense computed at interim rate of						
		Total Costs	FOIAb3a					